

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1942
Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day Hosp.
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Charles Palaski (Polaski)

3. (b) If veteran, name war No
3. (c) Social Security No. 348 05 2435

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Monica
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 10 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>10</u>	<u>17</u>	hr. _____ min.

9. Birthplace Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Coal Mine

12. Name Unknown

13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

14. Maiden name " "

15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Stella Merold

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof 10/27/42
(Burial, cremation, or removal) (City or town) (Month) (Day) (Year)

(c) Place: burial or cremation St. Carmel Cemetery

18. (a) Signature of funeral director John J. Cassidy

(b) Address East St. Louis, Ill.

19. (a) OCT 29 1942 (b) Registrar's signature J. J. Prodeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair
(c) City or town East St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 N 9th St.
(If rural, give location)
(e) If foreign born, how long in U.S.A. 30 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 42 hour 1:25 minute A M.

21. I hereby certify that I attended the deceased from 9-22-41, 19____, to 10-27-42, 19____;
that I last saw him alive on 10-27-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative myocardial

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Cassidy (Name or other) MD
Address 494 N 9th St Date signed 10-27-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.